TRINIDAD CITY HALL

P.O. Box 390 409 Trinity Street Trinidad, CA 95570 (707) 677-0223

## Julie Fulkerson, Mayor Gabriel Adams, City Clerk



## **RETURN ON TRANSIENT OCCUPANCY TAX (TOT)**

Rental Address and Title:				
	Quarter (3-Mo JanMarch	onth Period) Cov April-June	ered (circle one): July-Sept.	OctDec
Was rental income received for this property duri (If "Yes," complete items 1-8 below; if "No," pleas	ng the period one se sign the form	circled above? m below and ma	Yes il or fax the form t	No to City Hall
Gross rent for occupancy during period ab The total amount received during the reporting period from the of all rooms for stays less than 30 consecutive days.		\$		
Less Allowable Deductions: Rent covered by Government Agency Exemption Certificates		\$		
3. Taxable Rents: (line 1 minus line 2)		\$	<del></del>	
4. Transient Occupancy Tax Due: (10% of line	3)	\$		
5. Humboldt Tourism Assessment Due: (2% o	of line 3)	\$		
6. Total Due		\$		
7. <b>Penalties and Interest</b> : 10% of Line 6 for the fir after delinquent date, plus an additional 10% for second elinquency, plus .5% for each additional month, or fra	nd month	\$		
8. Total Tax and Assessment, with Penalty		\$		
EVEN IF THERE IS NO TAX, A RETURN BE SURE THIS FORM IS FILL	MUST BE FILI ED OUT COMF	ED WITH THE CIT PLETELY AND CO	<u>(<b>Y CLERK'S OFFIC</b></u> )RRECTLY	<u>E.</u>
(Make checks pay	yable to the C	city of Trinidad.	)	
I declare under penalty of making a false statements herein are correct and true.	ent that to the	best of my know	ledge and belief,	the
Owner or Agent (print)	Sigr	nature		
Date submitted:				

TOT IS DUE 30 DAYS AFTER THE END OF THE QUARTER CIRCLED ABOVE

Occupancy Tax Collection form: Updated March 01.2014